POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	_(signature)_	62824	3/29/w
O.I.P.E. CLASSIFIER	_(signature)_	5A	04-01-06
FORMALITY REVIEW	_(signature)_	64934	5 22 00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✔	.... Rejected	N	.... Non-elected
=	.... Allowed	I	.... Interference
–	(Through numeral)... Canceled	A	.... Appeal
÷	.... Restricted	O	.... Objected

Claim Final	Original	7/4/03	1/9/04	Date								
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If more than 150 claims or 10 actions
staple additional sheet here

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